

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** MILLER ALTERNATIVE CARE (0010053)

**Address:** 3013 WEST MANN STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/15/2004

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0095693      **End Date:** 09/27/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0095306      **End Date:** 07/13/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009437    Served 08/04/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance<br/>Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.21(4)(p)               | PROMPT AND ADEQUATE TREATMENT           | 09/27/2005                     | Yes              |
| 83.32(2)(a)               | INDIVIDUALIZED SERVICE PLAN-SCOPE       | 09/27/2005                     | Yes              |
| 83.32(2)(d)               | REVIEW OF PROGRESS                      | 09/27/2005                     | Yes              |
| 83.33(2)(g)3              | CBRF ARRANGE HEALTH VISITS AND DOCUMENT | 09/27/2005                     | Yes              |

**Survey ID:** 0092266      **End Date:** 12/23/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** SECOND PROBATIONARY LICENSE ISSUED

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CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date: 08/03/2005      SOD #10009437      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(g)3

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**Complaint History**

**Date Complaint Received: 06/09/2005**

**Date Investigation Completed: 07/13/2005**

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10009437

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